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APPLICANTS

Jamieson Crawford, New York, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

32182
 DAVID W. HIGHET, VP AND CHIEF IP COUNSEL
 BECTON DICKINSON AND COMPANY
 [THE WEBB LAW FIRM]
 FRANKLIN LAKES , NJ
 07414-1880

TITLE

Selectively passive forward shielding medical needle device

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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